



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: UNION HOSPITAL, INC.

City of Hospital: Terre Haute

Year Begin: 01/01/2016 (mm/dd/yyyy format)

Year End: 12/31/2016 (mm/dd/yyyy format)

Person Completing the Report: Tammie Brown

Email Address: fatsb@uhhg.org

Medicare Provider Number: 15-0023

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$520275747
Outpatient Patient Service Revenue	\$803402476
Total Gross Patient Service Revenue	\$1323678223

2. Deductions From Revenue

Contractual Allowance	\$864596358
Other Deductions	\$42746942
Total Deductions	\$907343300

3. Total Operating Revenue

Net Patient Service Revenue	\$416334923
Other Operating Revenue	\$11966039
Total Operating Revenue	\$428300962

4. Operating Expenses

Salaries and Wages	\$109066061	Employee Benefits	\$29173266
Depreciation and Amortization	\$18144652	Interest Expense	\$14535835
Bad Debt	\$0	Other Expenses	\$209819442
Total Operating Expenses	\$380739256		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$47561706	Total Assets	\$469234880
Net Non-operating Gains over Loss	\$-34732729	Total Liabilities	\$341960639

Total Net Gains	\$12828977
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$648526181	\$471887783	\$176638398
Medicaid	\$229994692	\$205746469	\$24248223
Other Government	\$26819782	\$0	\$26819782
Other State	\$23133392	\$22295164	\$838228
Other Payers	\$395204176	\$164666942	\$230537234
Total	\$1323678223	\$864596358	\$459081865

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$117900	\$-117900

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$149139	\$-149139

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$2914465	\$8037938	\$-5123473
Hospital Patients	\$0	\$565139	\$-565139
Community Education	\$0	\$33670	\$-33670

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	360705
Number of Citizens Exposed to Health Education Messages	2386

Statement Six: Charity Statement
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Hospital Charity Charges	\$20039873
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$5450182	
HCI Payments	\$0		
Subtotal	\$0	\$5450182	\$-5450182
Medicaid Shortfalls	\$0	\$21930824	
Subtotal	\$0	\$27381006	\$-27381006
DSH Payments	\$0		
Subtotal	\$0	\$27381006	\$-27381006
Medicare Shortfalls	\$0	\$173446308	
Other Government Programs	\$0	\$0	
Total	\$0	\$200827314	\$-200827314

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$6264262	\$-6264262
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$785582	\$-785582
Other Allocations	\$0	\$0	\$0

Comments

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